

Pt. 62, App. D

22 CFR Ch. I (4–1–12 Edition)

from the above to _____

(A) STATISTICAL REPORT

2. Change the address of the Program Sponsor

(1) ACTIVITY BY CATEGORY

From: _____

Number

(city) (state) (zip)

To: _____

Professor
 Research Scholar
 Short-term Scholar
 Trainee
 Student (College and University)
 Student (Practical Trainee)
 Teacher
 Student (Secondary)
 Specialists
 Physicians
 International Visitors
 Government Visitors
 Camp Counselors

(city) (state) (zip)

3. () Change the telephone number from _____ to _____

() Change the fax number from _____ to _____

Total

4. () Change the name of the Responsible Officer of the above program from _____ to _____

(2) Forms IAP-66 Reconciliation

5. a. Delete the following Alternate Responsible Officer:

(i) Number of Forms IAP-66 voided or otherwise not used by participant _____.

(ii) Number of Forms IAP-66 issued for dependents _____.

(iii) Number of Forms IAP-66 currently on hand _____.

5. b. Add the following Alternate Responsible Officer:

(B) PROGRAM EVALUATION

On a separate sheet, please provide a brief narrative report on program activity, difficulties encountered and their resolution, program transfers, anticipated growth and the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

(Citizenship is required for all Responsible and Alternate Responsible Officers-See Reverse)

6. () Send _____ (indicate number) IAP-66 forms. (PLEASE ALLOW FOUR TO SIX WEEKS FOR RESPONSE AND REMEMBER TO SUBMIT THE ANNUAL REPORT)

7. () Send _____ copies of this form.

8. () Send _____ copies of *Codes for Educational and Cultural Exchange*.

9. () Cancel the above named Exchange Visitor Program.

I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and belief.

Responsible Officer (signed) _____
 Date _____

(Signature of Responsible or Alternate Responsible Officer)

Name and address of sponsoring institution _____

(Date)

APPENDIX E TO PART 62—UNSKILLED OCCUPATIONS

(Title of Signing Officer)

For purposes of 22 CFR 514.22(c)(1), the following are considered to be “unskilled occupations”:

APPENDIX D TO PART 62—ANNUAL REPORT—EXCHANGE VISITOR PROGRAM SERVICES (GC/V), DEPARTMENT OF STATE, WASHINGTON, DC 20547, (202-401-7964)

Exchange Visitor Program No. _____ Reporting Period _____ Provide Range of Forms IAP-66 Documents Covered by this Report (_____ - _____).

- (1) Assemblers
- (2) Attendants, Parking Lot
- (3) Attendants (Service Workers such as Personal Services Attendants, Amusement and Recreation Service Attendants)
- (4) Automobile Service Station Attendants
- (5) Bartenders
- (6) Bookkeepers
- (7) Caretakers

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- (8) Cashiers
- (9) Charworkers and Cleaners
- (10) Chauffeurs and Taxicab Drivers
- (11) Cleaners, Hotel and Motel
- (12) Clerks, General
- (13) Clerks, Hotel
- (14) Clerks and Checkers, Grocery Stores
- (15) Clerk Typist
- (16) Cooks, Short Order
- (17) Counter and Fountain Workers
- (18) Dining Room Attendants
- (19) Electric Truck Operators
- (20) Elevator Operators
- (21) Floorworkers
- (22) Groundskeepers
- (23) Guards
- (24) Helpers, any industry
- (25) Hotel Cleaners
- (26) Household Domestic Service Workers
- (27) Housekeepers
- (28) Janitors
- (29) Key Punch Operators
- (30) Kitchen Workers
- (31) Laborers, Common
- (32) Laborers, Farm
- (33) Laborers, Mine
- (34) Loopers and Toppers
- (35) Material Handlers
- (36) Nurses' Aides and Orderlies
- (37) Packers, Markers, Bottlers and Related
- (38) Porters
- (39) Receptionists
- (40) Sailors and Deck Hands
- (41) Sales Clerks, General
- (42) Sewing Machine Operators and Handstitchers
- (43) Stock Room and Warehouse Workers
- (44) Streetcar and Bus Conductors
- (45) Telephone Operators
- (46) Truck Drivers and Tractor Drivers
- (47) Typist, Lesser Skilled
- (48) Ushers, Recreation and Amusement
- (49) Yard Workers

APPENDIX F TO PART 62—INFORMATION TO BE COLLECTED ON SECONDARY SCHOOL STUDENT HOST FAMILY APPLICATIONS

Basic Family Information:

- a. Host Family Member—Full name and relationship (children and adults) either living full-time or part-time in the home or who frequently stay at the home)
- b. Date of Birth (DOB) of all family members
- c. Street Address
- d. Contact information (telephone; e-mail address) of host parents
- e. Employment—employer name, job title, and point of contact for each working resident of the home
- f. Is the residence the site of a functioning business? (e.g., daycare, farm)
- g. Description of each household member (e.g., level of education, profession, interests, community involvement, and relevant

behavioral or other characteristics of such household members that could affect the successful integration of the exchange visitor into the household)

- h. Has any member of your household ever been charged with any crime?

Household Pets:

- a. Number of Pets

- b. Type of Pets

Financial Resources:

- a. Average Annual Income Range: Less than \$25,000; \$25,000–\$35,000; \$35,000–\$45,000; \$45,000–\$55,000; \$55,000–\$65,000; \$65,000–\$75,000; and \$75,000 and above. Note: The form must include a statement stating that: “The income data collected will be used solely for the purposes of ensuring that the basic needs of the exchange students can be met, including three quality meals and transportation to and from school activities”

- b. Describe if anyone residing in the home receives any kind of public assistance (financial needs-based government subsidies for food or housing)

- c. Identify those personal expenses expected to be covered by the student

Diet:

- a. Does anyone in the family follow any dietary restrictions? (Y/N)

If yes, describe:

- b. Do you expect the student to follow any dietary restrictions? (Y/N)

If yes, describe:

- c. Would you feel comfortable hosting a student who follows a particular dietary restriction (ex. Vegetarian, Vegan, etc.)? (Y/N)

- d. Would the family provide three (3) square meals daily?

High School Information:

- a. Name and address of school (private or public school)

- b. Name, address, e-mail and telephone number of school official

- c. Approximate size of the school student body

- d. Approximate distance between the school and your home

- e. Approximate start date of the school year

- f. How will the exchange student get to the school (e.g. bus, carpool, walk)?

- g. Would the family provide special transportation for extracurricular activities after school or in the evenings, if required?

- h. Which, if any, of your family's children, presently attend the school in which the exchange visitor is enrolled?

- i. If applicable list sports/clubs/activities, if any, your child(ren) participate(s) in at the school

- j. Does any member of your household work for the high school in a coaching/teaching/or administrative capacity?

- k. Has any member of your household had contact with a coach regarding the hosting of an exchange student with particular athletic ability?